



Membership Application

Today's Date:

Name:

Address:

City:

State: Zip: Certification:

Home Number: Birthday:

Work Number: Email:

Fax Number: Total Dives To Date:

Cell Number: Total Years Diving:

What special things could we know about you (other hobbies, profession, etc.): _____

DUES

Dues are \$20 for 2010-2011 prorated as set forth below. Renewal dues for this year are also \$20.

JOIN IN	PAY
July/August/September	\$20
October/November/December	\$20
January/February/March	\$15
April/May/June	\$10

*SIGN UP AT THE NEXT MEETING OR MAIL COMPLETED FORM AND DUES PAYABLE TO SFWD TO:
SUSAN F. SCHULZ, MEMBERSHIP CHAIR
PO BOX 2589
BOCA RATON, FL 33427*